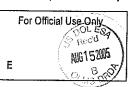
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Con Book	
1. File Number U - 645	2. Fiscal Year Covered From:
,	7/7/2009 Through: 12/37/2009
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Vida L Lansburg	Name UFCW 1/05
	Labor Organization File Number 0/7-5/5
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3450-3911 Wast	Street 1010 5. Bailey
city Seattle	city Sealle
State	State 2014 ZIP Code + 4 98108
5. Position in labor organization. 20100 Rep.	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization.	erived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.D. Allount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
	ion on penalties in the instructions.)
Signed Vida Lee	On Date Telephone Number

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.b. Amount of payment.

12.b. Amount.